


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 027 \*\*\*\*61.25

**DOCUMENT # N06000009942**

1. Entity Name  
**EAST HILLSBOROUGH COUNTY DEMOCRATIC CLUB, INC.**



Principal Place of Business  
**812 GREENBELT CIR  
 BRANDON, FL 33510 US**

Mailing Address  
**P.O. BOX 7088  
 SEFFNER, FL 33583 US**

40093448



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**75-3218338** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GRABEL, JEFF  
 812 GREENBELT CIRCLE  
 BRANDON, FL 33510**

7. Name and Address of New Registered Agent  
 Name **James M. Randolph**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1817 Lake Crest Avenue**  
 City **Brandon** FL Zip Code **33510-2296**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James M. Randolph, President** (NOTE: Registered Agent signature required when reinstating) DATE **April 25, 2007**

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRABEL, JEFF P.O BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James M. Randolph P.O. Box 7088 Seffner, FL 33583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, JAMES P.O. BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donald Moffett P.O. Box 7088 Seffner, FL 33583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, STEPHEN A P.O. BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Karen Miracle T</del> Karen Miracle P.O. Box 7088 Seffner, FL 33583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIALLOS, KEN P.O. BOX 7088 SEFFNER, FL 33583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee P. Nelson P.O. Box 7088 Seffner, FL 33583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGEL, ANGIE P.O. BOX 7088 SEFFNER, FL 33583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRACLE, GARRY P.O. BOX 7088 SEFFNER, FL 33583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James M. Randolph** James M. Randolph, April 25, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813.681.2099